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Bib Data Sheet

CONFIRMATION NO. 5012

|   |   |                                   |   |   |                                |
|---|---|-----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/009,559  | <b>FILING DATE</b><br>06/04/2002<br><b>RULE</b>   | <b>CLASS</b><br>514               | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>33891R005 |                                |
| <b>APPLICANTS</b><br>Staffan Skogvall, Lund, SWEDEN;<br><b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/SE00/01267 06/15/2000<br><b>** FOREIGN APPLICATIONS *****</b><br>SWEDEN 9902251-9 06/15/1999<br>PCT/SE00/00819 04/28/2000<br>SWEDEN 9902252-7 06/15/1999<br><b>** SMALL ENTITY **</b>             |   |                                   |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>SWEDEN | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>20               | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Beveridge DeGrandi<br>Weilacher & Young<br>Suite 800<br>1850 M Street NW<br>Washington ,DC 20036  |   |                                   |   |   |                                |
| <b>TITLE</b><br>Receptor agonists and antagonists   |   |                                   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>725   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |